

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | * May be used for additional claims or amendments | | * May be used for additional claims or amendments | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---------------------------------------------------|--------|---------------------------------------------------|--------|---------------------------------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| 12 | | 1 | | | | | 62 | | | | | |
| 13 | | 1 | | | | | 63 | | | | | |
| 14 | | 1 | | | | | 64 | | | | | |
| 15 | | 1 | | | | | 65 | | | | | |
| 16 | | 1 | | | | | 66 | | | | | |
| 17 | | 1 | | | | | 67 | | | | | |
| 18 | | 1 | | | | | 68 | | | | | |
| 19 | | 1 | | | | | 69 | | | | | |
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| Total Indep | | | | | | | Total Indep | | | | | |
| Total Depend | | | | | | | Total Depend | | | | | |
| Total Claims | | | | | | | Total Claims | | | | | |